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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/626,896 07/27/2000 PAT 6,656,475
 which is a CIP of 09/485,046 05/05/2000 PAT 6,696,260 *
 which is a 371 of PCT/US98/15598 07/28/1998
 which claims benefit of 60/054,461 08/01/1997
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 10/29/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Transgenic non-human animals expressing a truncated activin type II receptor

FILING FEE RECEIVED 1409	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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